

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS234AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2009
NAME OF PROVIDER OR SUPPLIER TRINIBELLE ELDERLY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5319 STAMPA AVE LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 6/4/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for seven Residential Facility for Group beds for persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>Acceptable Poc</i> <i>6/16/09</i> <i>Donald W. Johnson</i></p> <p>RECEIVED JUN 15 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This RULE: is not met as evidenced by: Based on record review on 6/4/09, the facility failed to ensure 1 of 2 caregivers received eight hours of annual training (Employee #2).</p>	Y 070	<p>1. There have been no complaints from any of the residents as to quality of care. The administrator is at the facility during the day and has observed her work conduct and made corrections when and where necessary. 2) Stricter hiring policy will be implemented (ATT #1 TAG Y070) 3) Closer monitoring through the use Employee Checklist (ATT#2 TAG 070) 4) Administrator will monitor strict compliance. 5) Employee #2 is enrolled in Caregiving Training to be given by Gladys Perri on July 21st 22. Receipt is attached (ATT# 3 TAG</p>		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

OWNER/ADMINISTRATOR

06-15-09

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Y 070	Continued From Page 1 Severity: 2 Scope: 3	Y 070	Y 070. Certificate of completion will follow.		
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This RULE: is not met as evidenced by: Based on observation on 6/4/09, the facility failed to ensure the container used to store garbage outside the facility was covered. tainer with cover Severity: 1 Scope: 3	Y 172	1)The facility maintains the service of a professional bug exterminator who comes out once every 2 months and sprays the interior and exterior of facility. The containers are put out twice a week for disposal. 2)The faci- ty has 2 garbage containers, both wit covers. One was lost in one of the past windstorms, the other one was c ground at the time of the survey. Lost or damaged containers and/or covers will be replaced immediately. A written reminder to all caregivers residents to put covers back on after every use was issued (ATT#4 TAG Y172) This will be reiterated every month meeting. We bought a new 32 gal. cor tainer with cover. Copy of receipt (ATT# 5 TAG 172)3) The administrator will make frequent visual inspection of the garbage containers. 4) Admini- trator. 5) 06-08-09	ohm	
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.	Y 896	1) Resident # 6 goes to bed almost immediately after dinner. In the pas she had to be woke up to take her bedtime meds. This was discussed wit her psychiatrist and sace manager in one of her med clinics and it was decided to give the medication at dinner. 2) Monthly preparation of the MAR will be based on the order on the med vials. Any changes shall not be implemented without proper documen- tation. 3) Entries on the MAR will be	ON	

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If continuation sheet 2 of 3

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Y 896	Continued From Page 2 This RULE: is not met as evidenced by: Based on record review and interview on 6/4/09, the facility failed to ensure 1 of 6 residents medication administration record was accurate for the time administered (Resident #6). Severity: 2 Scope: 3	Y 896	reviewed and compared with the med vials monthly and/or at refill time. 4) Administrator 5) We secured the necessary documentation from the psychiatrist allowing the changes as indicated in the MAR (ATT# 6 Y 896); 06-05-09	
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This RULE: is not met as evidenced by: Based on observation on 6/4/09, the facility failed to keep medications belonging to 3 of 6 residents in their original container. Severity: 2 Scope: 3	Y 923	1. The facility has not had any untoward incidents in the area of medication administration, and we plan to keep it that way. 2) A memorandum to all caregivers requi- strict compliance was issued (ATT#7 Y 923). A medication administration procedure was put in place (ATT#8 TAG Y923). Both are posted in the medicine cabinet. All medicine cups were discarded. Administrator had a meeting with the caregiver and resi- dents, 06-05-09. 3) Medicine cabinet will be inspected daily for presence of medicine cups. Residents will be interviewed at random as to how meds are administered. Actual administrat on of meds will be observed on a continuous basis. 4) Administrator 5) 06-05-09	

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